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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

STATE FILE NO. **355**  
REGISTRAR'S NO. **135**

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Yuma</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b> B. COUNTY <b>Yuma</b>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Yuma</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Yuma</b>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Yuma General Hospital</b>		D. STREET ADDRESS <b>601 S. Main St</b>		
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <b>George</b> B. (MIDDLE) <b>Cota</b> C. (LAST) <b>Flores Magdaleno</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <b>Aug</b> DAY <b>20</b> YEAR <b>1949</b>	
	8. AGE YEARS MONTHS DAYS			9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <b>Child</b>	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Yuma, Ariz</b>			11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>no</b>			13. SOCIAL SECURITY NO. <b>-</b>	
	14A. FATHER'S NAME <b>Alfred Magdaleno</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	
CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE <b>Alfred Magdaleno-610-S Main St</b>			17. DATE OF DEATH (MONTH) <b>August</b> (DAY) <b>20</b> (YEAR) <b>1949</b>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Stillborn</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Placenta Previa</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION	
	19C. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
	21F. HOW DID INJURY OCCUR?				
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>3:30 PM</b> TO <b>19</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>19</b> AND THAT DEATH OCCURRED AT <b>3:30 PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <b>Staveland</b>		23B. ADDRESS <b>Yuma Ariz</b>		
	23C. DATE SIGNED <b>Aug 22 1949</b>				
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>8/22/49</b>		
	24C. NAME OF CEMETERY OR CREMATORY <b>Yuma Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Yuma, Arizona</b>		
	25A. DATE REC'D BY LOCAL REG. <b>8-22-49</b>		25B. REGISTRAR'S SIGNATURE <b>Mary A. Hepperman</b>		
		25C. FUNERAL DIRECTOR'S SIGNATURE <b>R E Johnson</b>			
		25D. ADDRESS <b>Yuma Ariz</b>			
		25E. CERT. NO. <b>246A</b>			